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PTO/SB/81 (04-05)
through 11/30/2005. OMB 0651-0035
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09
Filing Date	11/14/2001
First Named Inventor	Robert E. Jones
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number.

OR

☒ Practitioner(s) named below:

Name	Registration Number
Leslie A. Thompson	54584

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business with the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Esq. Reg.
Address	3000 WANDERLAND S.W.
City	WASHINGTON
Country	USA
Telephone	202-2858719
Email	LATL

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Robert E. Jones
Name	Robert E. Jones
Title and Company	OWNER

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required; see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or relate the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. To complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will be spent on the amount of time you require to complete this form and/or suggestions for reducing this burden, etc. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 01 2006

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number
Filing Date
First Named Inventor
Art Unit
Examiner Name
Attorney Docket Number

29761421
24 MAY 16 2006
Robert L Jones

I hereby revoke all previous powers of attorney given in the above-identified :

location.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number.

☐ Please change the correspondence address for the above-identified application.

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name

Address

City

Country

Telephone

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required, see below.

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